PART FIVE

THE FUTURE OF ORGANIZATION DEVELOPMENT

Dialogic OD

Turning Away from Diagnosis

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The central point of this chapter is that some OD practices have moved away from the "scientism" or "modernist" mindset of the founders of the field and are taking us in new directions. Practitioners of these new forms don't do much in the way of "objective" data collection and diagnosis. What is emerging is more in line with interpretive, social constructionist, and other post-modern philosophies. However, much of this shift in practice is not being written about, and when it is, there isn't much awareness or discussion of how fundamentally different some of the assumptions behind what Bob Marshak and I have labeled "Dialogic OD" are from conventional, "Diagnostic OD" (Bushe & Marshak, 2009).

My intent in this chapter is to bring to our collective awareness this important evolutionary shift in OD practice so that we can think about it, talk about it, study it, and, we hope, become more effective at what we do. I'll identify what is common about these newer practices and point out how they violate key tenets of traditional OD practice. I will argue that they are OD, because they adhere to the basic values of OD. I think these new, dialogical OD practices are emerging because they are more successful at promoting transformational change in contemporary organizations and conclude with some thoughts on why that may be.

KEY ASPECTS OF OD BEING VIOLATED BY NEW PRACTICES

OD emerged in the 1950s from attempts to apply the social and behavioral sciences to issues of leadership, teamwork, and change, so it's not surprising that at its core OD assumes there is something real and tangible about organizations that needs to be studied before prescriptions for change are made. In every contemporary OD textbook, and in many of the models in this book, practitioners are advised that a *diagnosis* needs to be made before any action is taken.

In some very successful OD practices, things are being decided and done well before any diagnosis is made, and in some cases there really isn't a diagnosis called for. In this book, one example is Mirvis's "learning journeys." A set of activities is designed without any "diagnosis" used to stimulate personal and group reflection. No "data" are collected or analyzed; rather, people reflect on their subjective experiences. Another example is Appreciative Inquiry. One of the core principles of AI, the simultaneity principle, posits that change happens the moment the practitioner engages with the system and that fateful decisions and choices are made up-front, before any "data" are collected. This doesn't mean that the practitioner isn't observing things going on and making decisions based on those observations, but it does mean that nothing "scientific" is going on.

While most of these newer processes talk about a phase of "inquiry," there are no attempts to structure data collection in ways that are "objective" or would meet any test in Nadler's (1977) classic OD text on the topic. Some people describe the "discovery" stage in AI as though it were a data-collection stage resulting in a diagnosis, but research shows that such approaches to AI don't result in transformational change. Instead, transformation requires the emergence of new ideas, particularly generative metaphors, during the AI process, and taking a data collection and diagnosis approach to the *discovery* phase of AI can work against that (Bushe & Kassam, 2005; Cooperrider & Srivastva, 1987).

The idea of diagnosis is based in a biological metaphor that is central to what we normally describe as OD, that is being violated by these newer practices, even by some who still use the biological metaphor. One of the big ideas that supported the early emergence of OD was that organizations are better thought of as open systems than closed systems, more like a live being than a machine (Lawrence & Lorsch, 1967). This approach resulted in much better methods of organizing, managing, and changing organizations, but it has run into some pretty severe limitations. The implication is that, if we could just understand all the interdependencies of all the processes and the varying impacts and co-evolutionary results of the environments we operate in, then we ought to be able to prescribe the right organization design, or leadership style, or change process.

Such a point of view makes the idea of diagnosis and prescription sensible and invites us, like the medical profession, to keep studying organizations to figure out the best way to diagnose, intervene, and manage their "health." But there are at least two problems with this point of view. First, when you fix a biological organism, it stays healthy until something else changes. But as Karl Marx pointed out long ago, any solution to the problems of human organization contains within it a new set of problems. Second, experience in the field vividly demonstrates that if organization B (operating with the same structure in the same environment) tries to copy a successful innovation from organization A, it almost never has the same result. In fact, attempts to transfer transformational changes between sub-units of the *same* organization rarely succeed.

In most cases when OD practitioners have dispensed with diagnosis, it's because they aren't looking at organizations primarily as open systems, but as interpretive, discursive, or meaning-making systems (Bushe, 2009; Marshak & Grant, 2008). From this point of view, the reason an innovation works differently in organizations A and B is that people make different meanings of the innovation in those different organizations. As a result, practitioners of organizational transformation have turned away from treating organizations as if they were biological systems in their change methods, even if they still talk like they are.

If you look at Chapter Seventeen by Axelrod, Cady, and Holman, you will see, in miniature, how this transition is playing out in the field. They use the language of systems to describe their process, but they don't really treat organizations as a living organism to be studied. Like most of these newer change processes, they are interested in "inquiry"—but that isn't really so much a research process as "asking questions that focus our attention toward deeply felt, collective aspirations, creating hospitable conditions that invite the diversity of the system to step in and take initiative." Their model is more interested in seeing what emerges than in studying "what is" in order to prescribe "what ought to happen."

SIMILARITIES IN NEW FORMS OF OD THAT MAKE IT DIFFERENT FROM CLASSICAL OD

Perhaps the most important similarity in these new OD practices is that they assume organizations are socially co-constructed realities and, because of this, that there is nothing inherently real about how we organize, no ultimate truth about organizations to be discovered, and no model of the right way to organize independent of the people who make up any particular organization (Bushe & Marshak, 2008). There may be models of social process and organization

dynamics that practitioners find useful, but as Kenneth Gergen (1978, 1997) has forcefully argued, most if not all of those are culturally specific—they are more descriptions of how things work inside a particular culture than transcendent truths about human organizations. What if we took seriously the idea that the only limitations to how we organize are our imagination and collective agreements about what is expected and possible? Newer forms of OD seem to take that idea seriously.

What these new forms of OD have in common is a search for ways to promote dialogue and conversation more effectively and a basic assumption that it is by changing the conversations that normally take place in organizations that organizations are ultimately transformed. Dialogical forms of OD are more focused on when, where, and how to promote the kinds of conversations they prescribe than on diagnosing the system against some kind of ideal model. When they engage in some form of inquiry as part of the change process, the inquiry's purpose is to surface, legitimate, and/or learn from the variety of "realities" that co-exist in the system. All these approaches assume that there isn't one "truth" to how things are but a variety of "truths." If we begin with the assumption that each human being creates his or her experience, then it follows that there will be multiple, competing, contradictory experiences in most groups of people. From this point of view, "diagnosis" is rejected because it tends to privilege one set of experiences over another. In Dialogic OD the purpose of an inquiry is not to decide what the right way to describe the system is or ought to be, but to bring to awareness people's own experience and all the different experiences contained in the system.

The when, where, and how to hold these conversations is less about diagnosis and more about creating the enabling conditions for successful conversations to take place. One of the biggest differentiators of these newer practices is how they think about and go about creating these enabling conditions. "Open Space," for example, could be described as a set of enabling conditions for innovative ideas and motivations to find kindred others. Axelrod's process of "collaborative loops" sets the enabling conditions as having a workshop with dissimilar teams that work together to create their own change processes following a prescribed sequence of activities. They have a set of prescriptions for increasing "engagement," which they view as central to their change process (Axelrod & Axelrod, 2000). The "technology of participation" from the Institute of Cultural Affairs attempts to replicate their model of human consciousness in creating focused conversations among groups of people. A specific sequence, led by a facilitator, is used to create consensual decisions (Oyler & Harper, 2007). By contrast, World Café's enabling conditions eschew the use of a facilitator, arguing that attempting to facilitate Café conversations reduces the quality of the conversations. Instead they use the image of a host and "etiquette" and prescribe a number of other unique enabling conditions, such as the creation

of hospitable space and tables covered in blank paper with colored crayons for doodling (Brown & Issacs, 2005).

Two further similarities in many of these new forms of OD are a focus on exploring common aspirations and the design of preferred futures as key outcomes of the change process. An assumption of Dialogical OD is that creating new images, stories, texts, narratives, and other socially constructed realities will impact on how people think and make sense of things—and that, in turn, will impact how they act. Look, for example, at Stavros and Saint's SOAR framework or Amodeo and Cox's "systemic sustainability" model. As Amodeo and Cox put it, "There must be conscious intent to engage the whole system in dialogue and synergistic relationships in such a way that mental models are surfaced; new knowledge, structures, processes, practices, and stories are collaboratively created and shared; and diverse stakeholder voices and perspectives are heard."

This is a more profound difference from the classical form of OD than might at first appear. Conventional change processes try to change what people do based on new thinking done *by someone else*. In dialogical approaches, the focus is on eliciting new thinking in the targets of change themselves—new thinking that is not prescribed by some expert or action research team, but that emerges individually and collectively from going through the change process itself.

WHY IT'S STILL OD

Even though some newer forms of OD are discarding data collection and diagnosis, I would argue they are still OD because they adhere to key values of OD. First, they are highly inclusive and participative—in many cases more so than the traditional OD approach of creating small representative groups to work on behalf of the whole. Many of the newer approaches advocate involving every stakeholder in the change process. Second, they tend to emphasize processes of inquiry that result in the free and informed choice of participants. They may even work harder than previous forms of OD at attempting to create what Habermas (1984) called "the ideal speech situation"—a situation in which people feel free from any social constraint to think and talk and act.

Third, in these newer forms of OD, the role of the practitioner is the same: to guide the process and to stay out of the content. Just as set out by the founders of OD, the practitioner is not an expert in what the organization should do but an expert in how to help the organization figure that out for itself. This leads to the fourth similarity, the focus on the practitioner as someone whose job is to ultimately enable or "develop" the system. The images of development in these newer approaches still look the same as the humanistic images of development that are implicit in OD.

WHY OD IS CHANGING

Dialogic OD has emerged more from practice than theory—and theory needs to catch up. If practice is changing, it's changing because, in some cases, it's more effective to do things this way. I want to conclude with some ideas about why that might be. It might be that conventional action research processes have become too much a part of what normally happens in contemporary organizations to be transformational. It might be that "scientific" approaches to human systems only work in fairly homogeneous cultures. As our organizations become composed of ever more diverse people, the assumption that there is some social reality "out there" to be studied and understood becomes less tenable. It might be that in a world of persistent continuous change, the episodic change processes inherent in a diagnosis-treatment model are less effective, or that they take too long to get to a prescription, and the system has already changed too much for it to be valid. It may be that we live in a time when more organizational leaders are looking for something other than incremental, controlled change processes, and they recognize that planned transformation requires a much less controlled, emergent process.

For whatever reason, it seems an inescapable observation that a bifurcation in OD practice has taken place, and we therefore need more and better thinking about differences and similarities in the theory and practices of Dialogic and Diagnostic OD. For example, when is each kind most appropriate? What professional competencies are similar and different? Can they be combined in an intervention? These are just some of the questions we have to answer.

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